

Student Internship Program

U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)

Administered by the Oak Ridge Institute for Science and Education

APPLICATION

Instructions to applicant

1. Submit completed application and attach the following:
 - a. Resume
 - b. Signed Release of Information form
2. Submit two references from persons familiar with your educational and professional qualifications.
3. Have official university transcripts (all schools attended) sent to the Oak Ridge, Tennessee, address below.
4. The complete application and supporting materials will be reproduced for submission to USACHPPM for review.
5. Incomplete applications may not be considered.
6. Additional information may be required if an appointment is offered.
7. Applications are accepted throughout the year.

INFORMATION

Return the completed application and address any
correspondence to:

Student Internship Program/USACHPPM
Education and Training Division
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, TN 37831-0117
ATTN: Cheryl Guthrie (423) 576-8503

For additional information about
opportunities at USACHPPM, please contact:

Ms. Diane Lewis
Oak Ridge Institute for Science & Education
P.O. Box 53
Aberdeen Proving Ground, MD 21010-0053
(410) 671-1596

**U.S DEPARTMENT OF ENERGY
U.S. ARMY CENTER FOR HEALTH PROMOTION
AND
PREVENTIVE MEDICINE**

STUDENT INTERNSHIP PROGRAM/USACHPPM

INSTRUCTIONS TO APPLICANTS

ELIGIBILITY REQUIREMENTS

- A. Current student in good standing in an undergraduate or graduate degree program**
- B. Cumulative grade point average of 2.50 or higher, based on A=4.0**
- C. U.S. citizen**
- D. Be at least 18 years of age**

APPLICATION INFORMATION

- 1. Complete all information requested.**
- 2. Sign application.**
- 3. Request official transcripts from ALL colleges or universities attended be forwarded directly to Student Internship Program at the address below.**
- 4. Request two faculty members to complete a Reference Form (forms attached) and mail the form directly to the address below.**
- 5. Mail Application and supporting materials directly to:**

Student Internship Program/USACHPPM

**Education and Training Division
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, TN 37831-0117**

Application Form

Academic Status: ☐ SO ☐ JR ☐ SR ☐ GRAD STUDENT ☐ PHD

Cumulative GPA: _____ Requested Starting Date _____

Graduate Date: _____ month _____ year

1. Name _____
Mr/Ms.Last First Middle Social Security No.

2. Current Address: _____

City State Zip Phone ()

3. Permanent Address: _____

City State Zip Phone ()

4. U.S. Citizen: ☐ Yes ☐ No

5. Education (begin with current and list ALL colleges and universities attended)

College/University	Dates Attended	Major	Degree Expected

6. Employment Record (begin with current)

Employer	Dates	Position/Rank	Nature of Work

7. Academic Honors or Awards

1. _____ 2. _____

8. List two professional references who have been asked to transmit recommendations directly to ORAU

1. _____ 2. _____

9. List members of USACHPPM scientific staff with whom you have had contact

1. _____ 2. _____

10. Short description of career goals and objectives (continue on back if necessary)

11. I understand that all information (including transcripts) supplied in support of this application will be transmitted to the EMPP facility.

Signature of Applicant

Date

Confidential Reference Form

Applicant _____

How long and in what association have you know this applicant?

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

PERSONAL CHARACTERISTICS	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
<i>Motivation Toward a Productive Career</i>						
<i>Growth During Total Period Observed</i>						
<i>Imagination and Originality of Thought</i>						
<i>Emotional Maturity and Stability</i>						
<i>Ability to Work With Others</i>						
<i>Independence and Self-Reliance</i>						
<i>Leadership Potential</i>						

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

CAPABILITIES	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
<i>Mastery of Fundamentals</i>						
<i>Skill/Originality of Special Projects</i>						
<i>Ability to Communicate (Written/Oral)</i>						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.

Signature _____ **Dept.** _____

Typed/Printed Name _____ **Date** _____

Address _____

Return to: **CHERYL GUTHRIE, Student Internship Program/USACHPPM, Education and Training**
 Division, Oak Ridge Institute for Science & Education, P.O. Box 117, Oak Ridge, TN 37831-0117

Confidential Reference Form

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Signature _____ **Dept.** _____

Typed/Printed Name _____ **Date** _____

Address _____

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 Division, Oak Ridge Institute for Science & Education, P.O. Box 117, Oak Ridge, TN 37831-0117

**U.S. ARMY CENTER FOR HEALTH PROMOTION
AND PREVENTIVE MEDICINE**

AUTHORIZATION FOR RELEASE OF INFORMATION

The internship appointment process at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) is administered by Oak Ridge Institute for Science and Education (ORISE) for Oak Ridge Associated Universities (ORAU) and includes, but is not limited to, the following: completion of USACHPPM application, interviews, reference checks, medical screening, employment and education verification, and as appropriate, a security background check will be initiated and completed as a condition of appointment. Although ORAU administers the program, it in no way conducts the security background checks. The background check is conducted by an appropriate investigative agency. Signing this authorization will facilitate your consideration for possible appointment.

I _____ hereby authorize any person, agency, organization, or institution to release to USACHPPM and/or its representative on a confidential basis information USACHPPM may request about me regardless of any agreement I may have made with you previously to the contrary. This information may include, but is not limited to academics, performance evaluation, employment history, attendance, character, credit history, and police records. I hereby release any person, agency organization or institution, including USACHPPM and ORAU, from any and all liability whatsoever resulting from this inquiry. Any information received as a result of the investigation is protected by the Privacy Act of Section 6311 of Title 5 to the U.S. Code. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature.

A photocopy of this authorization that shows my signature shall be deemed an original and shall be accepted as such.

Signature

Date

Other Name Used

Social Security Number

Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard.

Recognizing the importance of achieving a diverse group of participants, selection will be based on several factors. These criterias include, but are not limited to, disciplinary fields, academic records, recommendations, relevance to USACHPPM's mission, ethnic background, and gender.

Providing this information is voluntary. If you decline to give this information, it will in no way affect consideration of your application.

Name _____ **Date** _____

- Race** _____ **Caucasian, not of Hispanic origin (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)**
- _____ **African-American (Having origins in any of the Black racial groups of Africa)**
- _____ **Hispanic (Of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)**
- _____ **American Indian (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation of community recognition)**
- _____ **Asian or Pacific Islander (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands--for example, India, China, Japan, Korea, Philippine Islands, and Samoa)**

[] Male [] Female

Birth Date _____

Month

Day

Year

Physical/mental handicap (physical or mental impairment that substantially limits one or more major life activities--for example, blindness, deafness, or mobility impairment):

Yes _____ **No** _____

Other Name(s) Used _____